

Appendix F: HOME Set Up and Completion Forms

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http://www.hud.gov/assist/acrobat.cfm

Chapter last updated: February 2004 Content revised for IDIS Version 8.0 (March 18, 2004)

F.1 Overview

The HOME program office has revised its setup and completion forms so that they reflect the implementation of HOME ROCS!, effective in IDIS Version 8.0 (March 18, 2004). The previous forms have been consolidated and reorganized by tenure type. There are four forms (one for each tenure type), and each form encapsulates both set up and completion processes and both single and multi-address activities.

We make these forms available to you for your convenience; they are not official HUD forms.

Rental Set Up and Completion Form HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: Original Submission Change Owner's Address Ownership Transfer Revision			e and Phone Numl	ber of Persor	Completing Fo	rm:			
Set Up Rental Activity: A. General Information.									
Name of Participant:	2. County Code:	3. IDIS A	DIS Activity ID Number:		4. Activity Name:				
B. CHDO Information. (Only if applicable)									
1. Is funding limited to CHDO Operating (CO) or CI (If Yes, STOP. DO NOT FILL OUT THIS FORM	HDO Capacity Building (CC	;)? Y/N:	2. If this is a CHDC	activity (fund	ed with CR), is the	CHDO acting as (check one):			
(II Yes, STOP. DO NOT FILL OUT THIS FORM	.)		(1) Owner	(2) Sponso	r (3) 🗌 Deve	eloper			
3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.)					4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.)				
C. Activity Information.									
1. Activity Type (check one): (1) ☐ Rehab Only (2) ☐ New Construction Only (3) ☐ Acquisition Only	& Rehab & New Construction	Property St	reet Address:						
3. City:	4. State:	5. Zij	p Code:	6. Estimated	HOME Units:	7. Estimated HOME Cost:			
8. Loan Guarantee? Y/N:		,							
D. Developer Information. (Only applicab	lo if this is a multi-address	activity)							
Developer Type (check one): 1. Developer Type (check one):		eveloper's N	lame:						
(1) ☐ Individual (4) ☐ Not-for-Profit (2) ☐ Partnership (5) ☐ Publicly Owned (3) ☐ Corporation (9) ☐ Other		•	Street Address:						
	4. Ci	ity:		5. St	ate:	6. Zip Code:			

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Complete Rental Activity:

E. General Information. (Same as set up)						
1. Name of Participant:	2. County Code:	3. IDIS Activity ID	Number:	4. Activity Nan	ne:	
F. Activity Information. (Sections F, G, and F has separate F, G, and H information.)	I are to be filled out for e	ach property address. It	this is a multi-	address activity, m	ake copies of thi	s form so that each address
1. Activity Type (check one): (2) ☐ New Construction Only (3) ☐ Acquisition Only (5) ☐ Acquisition &	Rehab (1 New Construction (2 (3)	ne): (4)	nt	3. FHA Insure	ed? Y/N:
4. Mixed Use? Y/N:	5. Mixed Income? Y			bleted Units: E-assisted Units: accessible Units:		
7. Property Street Address:	8.	City:			9. State:	10. Zip Code:
G. Activity Costs. 1. HOME Funds (Including Program Income)						
(1) Amortized Loan			\$			
(2) Grant			\$			
(3) Deferred Payment Loan (DPL)			\$			
(4) Other			\$			
(5) CHDO Loan			\$			
Total HOME Funds [(1) + (2) + (3) + (4)	+ (5)]		\$			
2. Public Funds						
(1) Other Federal Funds			\$			
(2) State/Local Funds			\$			
(3) Tax Exempt Bond Proceeds			\$			
Total Public Funds [(1) + (2) + (3)]			\$			
3. Private Funds						
(1) Private Loans			\$			
(2) Owner Cash Contribution			\$			
(3) Private Grants			\$			
Total Private Funds [(1) + (2) + (3)]						

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4. Low-Income Housing Tax Credit Proceeds	\$
5. Activity Total (Sum All Totals)	\$

H. Household Characteristics. (Refer to code below where applicable)

Unit #	# of Bdrms	Occupant	Total Monthly Rent	% Med	Hispanic? Y/N	Household Race	Size	Туре	Assistance Type

of Bdrms

- 0 SRO/Efficiency
- 1 1 bedroom
- 2 2 bedrooms
- 3 3 bedrooms
- 4 4 bedrooms
- 5 5 or more bedrooms

Occupant

- 1 Tenant
- 2 Owner

1 – 0 to 30% 2 - 30+ to 50%

3 - 50+ to 60%

4 - 60+ to 80%

9 – Vacant Unit

Household % of Med

- 14 American Indian or Alaska Native
 - 15 Native Hawaiian or Other Pacific Islander 16 American Indian or Alaska Native & White

 - 17 Asian & White

Household Race 11 – White

13 – Asian

18 - Black or African American & White

12 - Black or African American

- 19 American Indian or Alaska Native & Black or African American
- 20 Other Multi Racial

Household Size

- 1 1 person
- 2 2 persons 3 – 3 persons
- 4 4 persons
- 5 5 persons
- 6 6 persons 7 – 7 persons
- 8 8 or more persons

Assistance Type

- 1 Section 8
- 2 HOME TBRA
- 3 Other Federal, State, or Local Assistance

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4 - No Assistance

- Household Type
 1 Single, non-elderly

- 2 Elderly 3 Single parent 4 Two parents
- 5 Other

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Homebuyer Set Up and Completion Form HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171

(Exp. 03/31/2005)

Check the appropriate box: ☐ Original Submission ☐ Change Owner's Addred ☐ Ownership Transfer ☐ Revision	Nai	me and Phone Nun	nber of I	Person Completing Fo	rm:		
Set Up Homebuyer Activity: A. General Information.							
Name of Participant:	2. County Coo	de: 3. IDIS Activity ID Numbe		: 4	4. Activity Name:		
B. CHDO Information. (Only if applicable)							
1. Is funding limited to CHDO Operating (CO) or CHE (If Yes, STOP. DO NOT FILL OUT THIS FORM.)	OO Capacity Buildi	ng (CC)? Y/N:	2. If this is a CHD	O activity	y (funded with CR), is the	CHDO acting as (check one):	
		(1) Owner	, ,	Sponsor (3) ☐ Deve	eloper		
3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.)			4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.)				
C. Activity Information.							
1. Activity Type (check one): (2) ☐ New Construction Only (3) ☐ Acquisition Only (5) ☐ Acquisition &	Rehab New Construction						
1. Homebuyer's Name (optional):		2. H	2. Homebuyer's Street Address:				
3. City:	4. State	5. 2	Zip Code:	5. Estin	nated HOME Units:	6. Estimated HOME Cost:	
7. Loan Guarantee? Y/N:							
D. Developer Information. (Only applica	hle if this is a mult	i-address activity)			1		
1. Developer Type (check one):		2. Developer's	Name:				
(1) ☐ Individual (4) ☐ Not-for-Profit (2) ☐ Partnership (5) ☐ Publicly Owned (3) ☐ Corporation (9) ☐ Other	3. Developer's	Street Address:					
		4. City:			5. State:	6. Zip Code:	

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Complete Homebuyer Activity:

E. General Information. (Same as se		2 IDIC Activit	u ID Number	1 A Activity Nov	ma:
1. Name of Participant:	2. County Code:	3. IDIS Activit	y iD Number:	Activity Nar	ne.
F. Activity Information. (Sections F, G has separate F, G, and H information.)	G, and H are to be filled out fo	r each property addre	ess. If this is a multi-	-address activity, n	nake copies of this form so that each address
 1. Activity Type (check one): (2) ☐ New Construction Only (4) ☐ Acquis 	ition & Rehab ition & New Construction	2. Property Type (ch (1) ☐ 1-4 Single Far (2) ☐ Condominium	mily (3) 🗌 Coo	perative ufactured Home	3. Total Completed Units: HOME-assisted Units: 504-accessible Units:
4. Homebuyer's Name (optional):		5. Homebuyer's S	treet Address:		
6. City:	7. State:	8. Zip Code:	9. Purchase I	Price:	10. Value After Rehab (only applicable for Acquisition/Rehab activities):
G. Activity Costs. 1. HOME Funds (Including Program Inco. a. Property Costs	ome)				
(1) Amortized Loan		\$			<u></u>
(2) Grant		\$			
(3) Deferred Payment Loan (DPL)		\$			
(4) Other			\$		
b. Downpayment Assistance					
(1) Amortized Loan			\$		
(2) Grant			\$		
(3) Deferred Payment Loan (DPL)			\$		
(4) Other			\$		
c. CHDO Loan			\$		
Total HOME Funds [a + b + c]			\$		
2. Public Funds					
(1) Other Federal Funds			\$		
(2) State/Local Funds			\$		
(3) Tax Exempt Bond Proceeds			\$		
Total Public Funds [(1) + (2) + (3))]		\$		

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3. Private	e Funds									
(1) Private Loans \$										
(2) 0	wner Cash	Contribution	\$							
(3) P	rivate Gran	ts					\$			
То	tal Private	Funds [(1) +	(2) + (3)]				\$			
4. Activi	ty Total (S	um All Totals)					\$			<u> </u>
H. Hou	sehold C	haracteristic	CS. (Refer to d	code below where	e applicable)					
					Household					
Unit #	# of Bdrms	Occupant	% Med	Hispanic? Y/N	Race	Size	Туре	е	Assistance Type	Total Monthly Rent
(1) 🗌 No	uyer Counse Counseling e-counseling	eling? (check on (3)	st-counseling	2. First-tin	me Homebuyer	? Y/N:	;	3. FH	A Insured? Y/N:	
4. Lease	Purchase?	P Y/N:	If yes, date	of agreement:						
# of Bdrms 0 – SRO/Effic 1 – 1 bedroor 2 – 2 bedroor 3 – 3 bedroor 4 – 4 bedroor 5 – 5 or more	m ms ms	Occupant 1 - Tenant 2 - Owner 9 - Vacant Unit Household % of 1 - 0 to 30% 2 - 30+ to 50% 3 - 50+ to 60% 4 - 60+ to 80%	Med	16 – American India 17 – Asian & White 18 – Black or Africar	n or Alaska Native n or Other Pacific Islar n or Alaska Native & W n American & White n or Alaska Native & B	/hite	can	1 - 1 pe 2 - 2 pe 3 - 3 pe 4 - 4 pe 5 - 5 pe 6 - 6 pe 7 - 7 pe 8 - 8 or Housel 1 - Sine 2 - Elde 3 - Sine	ersons more persons hold Type gle, non-elderly erly gle parent	Assistance Type 1 - Section 8 2 - HOME TBRA 3 - Other Federal, State, or Local Assistance 4 - No Assistance
								3 - Sing	gle parent p parents	

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Homeowner Rehab Set Up and Completion Form HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: ☐ Original Submission ☐ Change Owner's ☐ Ownership Transfer ☐ Revision	Name and Phone	Number of Person Completing	Form:	
Set Up Homeowner Activity: A. General Information.				
Name of Participant:	2. County Code:	3. IDIS Activity ID Nur	nber: 4. Activity Name:	
B. Activity Information.				
Homeowner's Name (optional):		2. Homeowner's	Street Address:	
3. City:	4. State:	5. Zip Code:	5. Estimated HOME Units:	6. Estimated HOME Cost:
7. Loan Guarantee? Y/N:	l .		l .	
C. Contractor Information. (Only appl				
 Contractor Type (check one): □ Individual □ Not-for-Profit □ Partnership □ Publicly Owned 		Contractor's Name:		
(3) Corporation (9) Other	3. 0	Contractor's Street Addres	SS:	
	4. 0	City:	5. State:	6. Zip Code:

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Complete Homeowner Activity:

D. General Information. (Same as set up)					
1. Name of Participant:	2. County Code:	3. IDIS Activity	ID Number:	4. Activity Name:	
E. Activity Information. (Sections E, F, and C has separate E, F, and G information.)	G are to be filled out for e	ach property addres	ss. If this is a multi	-address activity, make copies of this form so that each address	
1. Property Type (check one):	2	. Total Completed			\Box
(1)	ome		sted Units:		
(4) Wandactured 11	ome	504-access	sible Units:	_	
3. Homeowner's Name (optional):	4	. Homeowner's St	reet Address:		
5. City:	6. State: 7	. Zip Code:	8. Value A	fter Rehab:	
F. Activity Costs. 1. HOME Funds (Including Program Income)			T		_
(1) Amortized Loan			\$		
(2) Grant			\$		
(3) Deferred Payment Loan (DPL)			\$		
(4) Other			\$		
Total HOME Funds [(1) + (2) + (3) + (4)	<u> </u>		\$		
2. Public Funds			Į.		
(1) Other Federal Funds			\$		
(2) State/Local Funds			\$		
(3) Tax Exempt Bond Proceeds			\$		
Total Public Funds [(1) + (2) + (3)]			\$		
3. Private Funds					
(1) Private Loans			\$		
(2) Owner Cash Contribution			\$		
(3) Private Grants			\$		
Total Private Funds [(1) + (2) + (3)]			\$		

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4. Activity Total (Sum All Totals)	\$
transmitted to the common transmitted transmitted to the common transmitted transmitted transmit	т

G. Household Characteristics. (Refer to code below where applicable)

					Household				
Unit #	# of Bdrms	Occupant	% Med	Hispanic? Y/N	Race	Size	Type	Assistance Type	Total Monthly Rent

FHA Insured? Y/N:	

- # of Bdrms 0 SRO/Efficiency
- 1 1 bedroom
- 2 2 bedrooms
- 3 3 bedrooms
- 4 4 bedrooms
- 5 5 or more bedrooms

Occupant

- 1 Tenant 2 - Owner
- 9 Vacant Unit

Household % of Med 1 - 0 to 30%

- 2 30+ to 50%
- 3 50+ to 60%
- 4 60+ to 80%

Household Race 11 – White

- 12 Black or African American
- 13 Asian
- 14 American Indian or Alaska Native
- 15 Native Hawaiian or Other Pacific Islander
- 16 American Indian or Alaska Native & White
- 17 Asian & White
- 18 Black or African American & White
- 19 American Indian or Alaska Native & Black or African American
- 20 Other Multi Racial

Household Size

- 1 1 person
- 2 2 persons
- 3 3 persons 4 - 4 persons
- 5 5 persons
- 6 6 persons
- 7 7 persons
- 8 8 or more persons

Assistance Type 1 – Section 8

- 2 HOME TBRA
- 3 Other Federal, State,
- or Local Assistance
- 4 No Assistance

Household Type

- 1 Single, non-elderly
- 2 Elderly
- 3 Single parent
- 4 Two parents
- 5 Other

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Tenant Based Rental Assistance Set Up Form HOME Program

U.S. Department of Housing and Urban Development Office of Community Planning and Development OMB Approval No. 2506-0171 (Exp. 03/31/2005)

Check the appropriate box: Original Submission Change Owner's Address Ownership Transfer Revision							Name and Phone Number of Person Completing Form:								
A. (A. General and Activity Information.														
Name of Participant:					2. County Code: 3.		3. IDIS Activity ID Number:			4. Activity Name:					
В. Н	B. Household Characteristics. (Refer to code below where applicable) Assisting more than 8 tenants? Make copies of this page for additional space.														
					Monthly Rent			Household				Tenant Contract			
No.	Last Name	# of Bdrms	Sec Dep	Tenant (a)	TBRA (b)	Total (a+b)	% Med	Hispanic? Y/N	Race	Size	Туре	Paid To? O=Owner T=Tenant	New? Y/N	Months	
1															
2															
3															
4															
5															
6															
7															
8															

C. Total/Subtotal of HOME Funds Requested: \$

of Bdrms

- 0 SRO/Efficiency
- 1 1 bedroom
- 2 2 bedrooms
- 3 3 bedrooms 4 - 4 bedrooms
- 5 5 or more bedrooms

Household % of Med

- 1 0 to 30%
- 2 30+ to 50%
- 3 50+ to 60%
- 4 60+ to 80%

Household Race

- 12 Black or African American
- 13 Asian
- 14 American Indian or Alaska Native
- 15 Native Hawaiian or Other Pacific Islander
- 16 American Indian or Alaska Native & White
- 17 Asian & White
- 18 Black or African American & White
- 19 American Indian or Alaska Native & Black or African American
- 20 Other Multi Racial

Household Size

- 1 1 person
- 2 2 persons
- 3 3 persons
- 4 4 persons
- 5 5 persons
- 6 6 persons
- 7 7 persons 8 – 8 or more persons

Household Type

- 1 Single, non-elderly 2 Elderly
- 3 Single parent
- 4 Two parents
- 5 Other

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